

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO. _____

Debtor Theresa W. Taylor SS# xxx-xx-0736 Current Monthly Income \$ 3,000.00
Joint Debtor _____ SS# _____ Current Monthly Income \$ 0.00
Address 4089 Seden Lane Liberty, MS 39645-0000 No. of Dependents 1
Telephone No. _____ **TAX REFUNDS AND EIC FOR DISTRIBUTION:** _____

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$ 1750.00 per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

Self Employed

(B) Joint Debtor shall pay \$ _____ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ 20,700.00 @ \$ 345.00 /mo
State Tax Commission \$ 0.00 @ \$ 0.00 /mo Other \$ 0.00 @ \$ 0.00 /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:

-NONE-

beginning in the amount of \$ per month shall be paid:
_____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:

-NONE-

in the amount of \$ shall be paid \$ per month:
_____ through payroll deduction _____ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: -NONE- BEGINNING _____ @ \$ _____ PLAN DIRECT
MTG ARREARS TO: -NONE- THROUGH _____ \$ _____ @ \$ _____ /MO*
(*Including interest at %)

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1326(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
People Bank	Building & Lot	43,344.00	100,000.00	7.00 %	51,493.00	858.21
Regions Bank	House & Lot	10,879.00	85,000.00	7.00 %	12,925.00	215.40
_____	_____	_____	_____	_____	_____	_____

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
Capital One Auto Finance	2003 Mercedes	17,957.00	Abandon
National Auto Finance	2002 BMW	15,487.00	Abandon

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: -NONE-

UNSECURED DEBTS totaling approximately \$ 6028.00 are to be paid in deferred payments to creditors that have filed claims that are not disallowed: IN FULL or 100 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ 2,800.00 Pay administrative costs and debtor's attorney fees
Attorney Fees Previously Paid \$ 200.00 Pursuant to Court Order and/or local rules.
Attorney fees to be paid through the plan \$ 2600.00

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)

Tylvester Goss 4920

1441 Lakeover Road
Jackson, MS 39213

Telephone/Fax

Telephone/Fax 601-981-2800/601-981-7979

E-mail Address

DATE: June 4, 2011

DEBTOR'S SIGNATURE

/s/ Theresa W. Taylor

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE

/s/ Tylvester Goss